# CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.  3 CANDIDATE / OFFICEHOLDER NAME  4 CANDIDATE /	MS/MRS/MR FIRST Shelley NICKNAME LAST	1 ACCOUNT# (Ethics Commission filers) Mi	2 Total pages filed:  OFFICE USE ONLY
OFFICEHOLDER NAME	NICKNAME LAST	MI	OFFICE USE ONLY
4 CANDIDATE	· · · · · · · · · · · · · · · · · · ·	SUFFIX	Date Received 2113
OFFICEHOLDER MAILING ADDRESS Change of Address  Change of Address  CANDIDATE/ OFFICEHOLDER PHONE  CAMPAIGN TREASURER NAME	1000000	Gibbs MD TY: STATE: ZIP CODE	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business) B CAMPAIGN TREASURER PHONE	Seliz-M  STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE  51 12011ingwood Dr.  AREA CODE PHONE NUMBER  (713) 861-1117	#; CITY: STATE:	ZIP CODE
REPORTTYPE  0 PERIOD	Jenuary 15 30th day before election  July 15 8th day before election  Month Day Year	Runoff  Exceeded \$500 limit  Month Day	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)  Year
COVERED  7  1 ELECTION	THROUGH ELECTION DATE ELECTION TYPE Month Day Year	6/30/	06
4	OFFICE HELD (If any) Houston City Council, Apr	Runoff (if known)	Seneral Special
OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expendit Candidates are required to disclose this information only Name	tures made by others without the candid if they receive notification of the direct	date's prior consent or approvat. campaign expenditure. ·-
additional pages	Address / PO Box; Apt. / Suite #; City: State; Zip 0	Code	
•	GO TO PA	GE 2	

Texas Ethics Commission	P.O. Box 120	70 Austin, Texas 78711-2070	(512) 463-6800 1-800-325-850
CANDIDAT SUPPORT		CEHOLDER REPORT: S	FORM C/OH COVER SHEET PG 2
15 C/OH NAME	<u> </u>		16 ACCOUNT #(Ethics Commission litera)
17 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures by political committees to support the candid e without the candidate's or officeholder's knowledge or consent. Candida if they receive notice of such expenditures. ••	date / officeholder. These expenditures tes and officeholders are required to report
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages	]	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN ( PEASURES ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32,575.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 25, 804. 66
CONTRIBUTION BALANCE	5. TOTAL F OF REPO	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 105, 803. 03
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$
AFFIX NOTARY STAMP		Helley Schult - Signature of Candid	erjury, that the accompanying report formation required to be reported by  A W Jale or Officeholder
	- h	the said Shully Sewich Gibbs if which, witness my hand and seal of office.	, this the 13th day
Signature of officer adr	Schuber	EIG M. Schuler  Printed name of officer administering oath Title	No lay WIIC

The Instruc	tion Guide explains how to	complete this form.			Total pages this Schedule A:
	ME: Shelley Sekula-		<del></del>		pg 1 of 12
L					ACCOUNT # (Ethics Commission filer
Date	Full name of contributor	out ot state PAC ID#		Amount of	<del></del>
1-3-2006	Michael Massa			contribution (\$)	in-kind contribution description (if available)
	Contributor address;	City state air and		\$1,000.00	Luncheon after
	- Commonweal Control C	City, state, zip code			inauguration
	15 (SE), 17 (77-10)			٠ ۴	ceremony
Principal occup Restauran	ation Job title (See Instructions		Employer (Se	e Instructions) Restaurant	
		<del></del>	IVIASSA S F	iestaurant	
Date	Full name of contributor	out of state PAC ID#	<u> </u>	Amount of	in-kind contribution
1-13-2006	Donna Sue Dolle			contribution (\$)	description (if available)
	Contributor address;	City, state, zip code		\$250.00	
				·	
	HO! COX SER				
Physician Physician	tion Vob title (See Instructions)		Employer (See Self	Instructions)	<u> </u>
Date	F.H.				
	Full name of contributor	out ot state PAC  D#		Amount of contribution (\$)	In-kind contribution description (if available)
1-13-2006	Jack Blanton, Sr.				(ii available)
	Contributor address;	City, state, zip code	<del></del>	\$250.00	
	2255 11	Harris Strategy			
Principal occupat	ion Vob title (See Instructions)			<u> </u>	
President			Eddy Refin	Instructions) ing Company	
Date	Full name of contributor	out ot state PAC ID#			
1-13-2006	Mavis P. Kelsey, Jr.			Amount of contribution (\$)	in-kind contribution description (if available)
	Contributor address;			\$250.00	
•	Sommodior address,	City, state, zip code			
	- Management of	•			
rincipal occupati Real estate	on Vob title (See Instructions)	<u> </u>	Employer (See 1	nstructions)	
riedi estate	broker	<del>-</del>	Kelsey Com	mercial'	
Date	Full name of contributor	out ot state PAC ID#		Amount of	in-kind contribution
-13-2006	Harris S. Leven			contribution (\$)	description (if available)
ľ	Contributor address;	City, state, zip code	<del></del>	\$100.00	
}		-, - <del>, -,</del>			]
	(c) .				
rincipal occupatio Attorney	n Vob title (See Instructions)		Employer (See In CenterPoint	istructions)	
			Senterroint	chergy, inc.	

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The Instruction	on Guide explains how to d	omplete this form.			Total pages this Schedule A: pg 2 of 12
FILER NAMI	E: Shelley Sekula-G	Gibbs, M.D.	<u>.</u>		ACCOUNT # (Ethics Commission filers)
Date	Full name of contributor	out ot state PAC ID#		Amount of contribution (\$)	In-kind contribution description (if available)
1-13-2006	Mark A. Price, M.D.				,
	Contributor address;	City, state, zip code		\$250.00	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	der .			
Principal occupat Physician	ion Vob title (See Instructions)		Employer (Se Self	e Instructions)	
Date	Full name of contributor	out ot state PAC ID#_	<u> </u>	Amount of	In-kind contribution
1-13-2006	R. Carla Thompson			contribution (\$)	description (if available)
. 10 2000	Contributor address;	Office address of the second		\$500.00	
		City, state, zip code	•		
	CHEYNYA COM - #/6VZ				
Principal occupat	on Uob title (See Instructions)		Employer (Se	e Instructions) Group	
Project mar	iagei		Sumanu	aroup	
Date	Full name of contributor	out ot state PAC ID#		Amount of contribution (\$)	In-kind contribution description (if available)
1-13-2006	Peter Wareing			CONTRIDUCION (4)	description (ii avaliable)
i	Contributor address;	City, state, zip code		\$250.00	
	THE W. ANGUELLING	5.55			
	Carried of Artist				
Principal occupati Owner	on Vob title (See Instructions)		Employer (See Wareing,	e Instructions) Athon & Company	<u> </u>
· · · · ·			<u> </u>		
Date	Full name of contributor	out of state PAC ID#		Amount of contribution (\$)	in-kind contribution description (if available)
1-13-2006	Beth Wolff			\$250.00	
	Contributor address;	· ·		φ230.00	
	* St. JEINIES HEID				
Principal occupation	on Vob title (See Instructions)	S-AA.			
Owner	on too tile (See Instructions)		Beth Wolff	Realtors	
Date	Full name of contributor	out ot state PAC ID#	T	Amount of	In-kind contribution
1-17-2006	Houston Firefighters I			contribution (\$)	description (if available)
, 2000				\$2,000.00	
. ]	Contributor address;	City, state, zip code	İ		
k	STATE OF THE				
Principal occupation	on Vob title (See Instructions)		Employer (See	Instructions)	

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instru	ction Guide explains how	to complete this form.			Total pages this Schedule A:
FILER NA	AME: Shelley Sekul	a-Gibbs, M.D.			pg 3 of 12  ACCOUNT # (Ethics Commission filer
Date 1-17-200	Full name of contributor Frank DiMaria Contributor address;	Out ot state PAC ID#		Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occu Presiden	pation Job title (See Instruction	ons)	Employer (S South Te	 ee Instructions) xas Carpets & Fine Floo	prs
Date 1-17-2006	Contributor address;			Amount of contribution (\$) \$1,000.00	in-kind contribution description (if available)
Principal occup Owner	ation Vob title (See Instruction	ns)	Employer (Se BRH-Gan	e (nstructions) /er, Inc.	
Date 1-17-2006	Full name of contributor PAC of Winstead, Contributor address;	out ot state PAC ID# Sechrest & Minick, City, state, zip code		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupa	ation Vob title (See Instructions	s)	Employer (See	Instructions)	
Date 1-17-2006	Full name of contributor Buddy Jimerson Contributor address;	out ot state PAC ID#		Amount of contribution (\$) \$200.00	in-kind contribution description (if available)
rincipal occupat Owner	ion Vob title (See Instructions		Employer (See Jimerson	Instructions) Inderground, Inc.	
Date -17-2006	Full name of contributor Alicia B. Jimerson-K Contributor address;	City, state, zip code		Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
owner	on Vob title (See Instructions)		Employer (See 1 Jimerson U	nstructions) nderground, Inc.	
				3 4. 1. 1110.	

Date Full name of contributor  19-2006 David G. Bradley  Contributor address; City, state, zip code	Amount of contribution (\$) \$250.00  Employer (See Instructions)  Amount of contribution (\$) \$150.00  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Simdesk Technologies, Inc.  Amount of contribution (\$) \$250.00	In-kind contribution description (if available)  In-kind contribution description (if available)  In-kind contribution description (if available)
CLR/PAC  Contributor address; City, state, zip code  Contributor address; City, state PAC IDV  Louis A. Waters, Jr.  Contributor address; City, state, zip code  Contributor address; City, state, zip code  Contributor address; City, state, zip code  Contributor address; City, state PAC IDV  Edmund M. "Tex" Fountain, Jr.  Contributor address; City, state, zip code	contribution (\$) \$250.00  Amount of contribution (\$) \$150.00  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)	In-kind contribution description (if available)
Date -17-2006  Full name of contributor  Contributor address;  City, state, zip code  Contributor address;  City, state, zip code  Contributor address;  City, state, zip code	Amount of contribution (\$) \$150.00  mployer (See Instructions). Simdesk Technologies, Inc.  Amount of contribution (\$)	description (if available)
Contributor address; City, state, zip code	mployer (See Instructions) Simdesk Technologies, Inc.  Amount of contribution (\$)	description (if available)
President & CEO  Date Full name of contributor out of state PAC ID#  18-2006 Edmund M. "Tex" Fountain, Jr.  Contributor address; City, state, zip code  ncipal occupation Vob title (See Instructions)  Retired  Date Full name of contributor out of state PAC ID#  David G. Bradley  Contributor address; City, state, zip code	Amount of contribution (\$)	In-kind contribution description (if available)
Edmund M. "Tex" Fountain, Jr.  Contributor address; City, state, zip code  City and contributor out of state PAC David G. Bradley  Contributor address; City, state, zip code	contribution (\$)	in-kind contribution description (if available)
Full name of contributor out of state PAC ID#		
David G. Bradley  Contributor address; City, state, zip code	noloyer (See Instructions)	
cipal occupation Vob title (See Instructions)	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
ngineer	ployer (See Instructions)	
9-2006  Full name of contributor out of state PAC ID#  9-2006  Contributor address; City, state, zip code  City of the companion of title (See Instructions)  Contributor address; City of the	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)

The Instruc	ction Guide explains how to complete this form.			Total pages this Schedule A:
FILER NA	ME: Shelley Sekula-Gibbs, M.D.			pg 5 of 12  ACCOUNT # (Ethics Commission file
Date 1-19-2006	Contributor address; City, state, zip code		Amount of contribution (\$) \$300.00	In-kind contribution description (if available)
Owner	pation Uob title (See Instructions)	Employer (S Deutser	ee Instructions) & Weil	
Date 1-20-2006	Contributor address; City, state, zip code		Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occupa	ation Vob title (See Instructions)	Employer (Se	ee Instructions)	
Date 1-20-2006	Full name of contributor out ot state PAC ID# William Knapp  Contributor address; City, state, zip code		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupa Real estate	tion Vob title (See Instructions)	Employer (See Home Tru	e Instructions) St	
Date 1-20-2006	Full name of contributor  Peggie Pentecost  Contributor address;  City, state, zip code		Amount of contribution (\$) \$25.00	in-kind contribution description (if available)
rincipal occupati	ion Vob title (See Instructions)	Employer (See Platinum N	Instructions) letwork Systems, Inc.	
-20-2006	Full name of contributor out ot stare PAC IDEOutdoor PAC  Contributor address: City, state, zip code		Amount of contribution (\$) \$250.00	in-kind contribution description (if available)
rincipal occupation	on Vob title (See Instructions)	Employer (See	Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

The Instruction	on Guide explains how t	complete this form.			Total pages this Schedule A:
FILER NAM	E: Shelley Sekula	-Gibbs, M.D.			pg 6 of 12  ACCOUNT # (Ethics Commission filers)
Date 1-20-2006	Full name of contributor Mark E, Wise Contributor address;	out ot state PAC ID#		Amount of contribution (\$)	In-kind contribution description (if available)
Principal occupa	ion Vob title (See Instruction:				
Attorney	The first traction	<u> </u>	Employer (See Zimmerma	Instructions) n, Axelrad, Meyer, Ste	ern & Wise PC
Date 1-23-2006	Full name of contributor Arlo Weltge, MD	out ot state PAC  D#		Amount of contribution (\$)	in-kind contribution description (if available)
	Contributor address;	City, state, zip code		\$250.00	
Principal occupation Physician	on Vob title (See Instructions		Employer (See Self	instructions)	
Date 1-23-2006	Full name of contributor Paul Somerville	out ot state PAC  D#		Amount of contribution (\$)	in-kind contribution description (if available)
,	Contributor address;	City, state, zip code		\$500.00	
Principal occupation CEO	on Vob title (See Instructions)		Employer (See In Associated I	nstructions) Pipe Line Contractoel	rs, Inc.
	Full name of contributor  Morris Architects Civ	out of state PAC ID#		Amount of contribution (\$)	in-kind contribution description (if available)
1	Contributor address;	City, state, zip code		\$250.00	
rincipal occupation	Nob title (See Instructions)		Employer (See In	structions)	
	Full name of contributor  E. Fred Aguilar, M.D.	out of state PAC #D#		Amount of contribution (\$)	in-kind contribution description (if available)
<b>├</b> _	Contributor address;	City, state, zip code		\$500.00	
rincipal occupation Plastic Surged	Vob title (See Instructions) On		Employer (See Ins Self	tructions)	

	ction Guide explains how to complete this form.			Total pages this Schedule A
FILER NA	ME: Shelley Sekula-Gibbs, M.D.			ACCOUNT # (Ethics Commission
Date	Full name of contributor out ot state PAC  D#_			
2-3-2006	Allen Boone Humpries Robinson LLI	P	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City, state, zip code		\$1,000.00	
Principal occuj	pation Vob title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributes			
2-3-2006	out of state PAC ID#		Amount of contribution (\$)	In-kind contribution description (if available)
_ 0 _000			\$250.00	
,	Contributor address; City, state, zip code		, =======	
			·	
Principal occupa Physician	ation Vob title (See Instructions)	Employer (See Associates	instructions) in Medicine, PA	
Date	Full name of contributor out ot state PAC  D#_	<del></del>	Amount of	
2-3-2006			contribution (\$)	In-kind contribution description (if available)
	Contributor address; City, state, zip code	<del></del>	\$100.00	
rincipal occupa	tion Vob title (See Instructions)			
Physician	,	Family Prac	tice, PA	
Date	Full name of contributor out ot state PAC ID#		Amount of	In-kind contribution
-6-2006	Linebarger Goggan Blair & Sampson L	LLP	contribution (\$)	description (if available)
j	Contributor address; City, state, zip code		\$500.00	
			•	
incipal occupati	on Vob title (See Instructions)	Employer (See In		
		Employer (388 III	Structions)	
Date	Full name of contributor out of state PAC ID#		Amount of	In-kind contribution
10-2006	Norman Adams		contribution (\$)	description (if available)
[,	Contributor address; City, state, zip code		\$500.00	
]			.	
ncipal occupation	in Vob title (See Instructions)	Employer (See Ins	tructions)	
AALIGI		Adams Insura	ince Service	

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	ion Guide explains how to complet		·	Total pages this Schedule A: pg 8 of 12
FILER NAM	E: Shelley Sekula-Gibbs	, M.D.		ACCOUNT # (Ethics Commission to
Date 2-10-2006	TSC Fund	state PAC ID#state, zip code	Amount of contribution (\$) \$500.00	in-kind contribution description (if available)
Principal occupa	ition Vob title (See Instructions)	Employ	er (See Instructions)	
Date 2-10-2006	Rudolph H. Bruhns	state PAC ID#tate, zip code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
rincipal occupat	ion Vob title (See Instructions) //ice President		r (See Instructions) er Houston Transportation (	
Date	Full name of contributor out of st	tate PAC ID#		
10-2006	Dr. Stephen Fletcher  Contributor address; City, sta	ate, zip code	Amount of contribution (\$)  \$1,000.00	ir-kind contribution description (if svallable)
ncipal occupati Physician	on Vob title (See Instructions)	Employer Self	(See Instructions)	
Date 28-2006	HOUCON PAC	ate PAC ID#	Amount of contribution (\$) \$500.00	in-kind contribution description (if available)
ncipal occupation	n Vob title (See Instructions)	Employer	(See Instructions)	
ate 28-2006	Full name of contributor out ot star Andrews Kurth Texas PAC	te PAC ID#	Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address; City, state	e, zip code	\$1,000.00	
ipal occupation	Nob title (See Instructions)	L Sandawar	See Instructions)	<u> </u>

	tion Guide explains how to complete this form.			Total pages this Schedule A:
FILER NAM	ME: Shelley Sekula-Gibbs, M.D.			ACCOUNT # (Ethics Commission file)
Date 3-2-2006	Full name of contributor  Jim Dannenbaum  Contributor address;  City, state, zip code	cont	mount of ribution (\$)	in-kind contribution description (if available)
Engineer	ation Vob title (See Instructions)	Employer (See Instructions Dannenbaum Engli	neering Corp	). ·
Date 3-3-2006	Full name of contributor out of state PAC 10#	\$2	nount of ibution (\$)	In-kind contribution description (if available)
President &	& CEO	Employer (See Instructions) Continental Mfg. Co	mpany, Ltd.	
Date 3-3-2006	Full name of contributor out ot state PAC ID#  Harbhajan S. Hayre  Contributor address; City, state, zip code	contri	ount of button (\$)	In-kind contribution description (if available)
Professor	ion Vob title (See Instructions)	Employer (See Instructions) University of Housto	n .	
Date 3-3-2006	Full name of contributor out ot state PAC ID# Virendra S. Mathur, MD  Contributor address; City, state, zip code	contrib	ount of outlion (\$)	In-kind contribution description (if available)
rincipal occupati Physician	on Vob fille (See Instructions)	Employer (See Instructions) Texas Heart Institute		
Date -3-2006	Full name of contributor out of state PAC ID#  Durga Das Agrawal  Contributor address; City, state, zip code	contribu	unt of ution (\$)	in-kind contribution description (if available)
incipal occupation	on Vob title (See Instructions)	Employer (See Instructions) Piping Technology &	Products	

	<del></del>	to complete this form.			Total pages this Schedule A: pg 10 of 12
FILER IVAI	ME: Shelley Sekul	a-Gibbs, M.D.			ACCOUNT # (Ethlos Commission fil
Date 3-3-2006	Full name or contributor Brij Agrawal Contributor address;	City, state, zip code		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occup CEO	ation Vob title (See Instruction	ins)	Employer (Se V.K.C.I.	instructions)	
Date 3-3-2006	Full name of contributor Virendra S. Mathu	out ot state PAC ID#		Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address;	City, state, zip code		\$600.00	Reception expenses
Principal occupa Physician	ation Vob title (See Instruction	ns)	Employer (See Texas Hea	Instructions) rt Institute	1
Date 3-4-2006	Full name of contributor Jerry Brady Contributor address;	out ot state PAC ID# City, state, zip code		Amount of contribution (\$)	In-kind contribution description (if available)
rincipal occupal President	tion Vob title (See Instruction		Employer (See Liberty Cab	Instructions)	
Date	End and a set of	`	<del></del>		
-4-2006	Full name of contributor Greg Falgout	out ot state PAC ID#		Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address;			\$4,000.00	
incipal occupati Owner	on Vob title (See Instructions	)	Employer (See I Island Opera	nstructions) ating Co., Inc.	
Date 4-2006	Full name of contributor Kiran Sharma Contributor address;	out ot state PAC 10#		Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
ncipal occupation	on Vob title (See Instructions)		Employer (See In		

	ction Guide explains how	<del></del>			Total pages this Schedule A: pg 11 of 12
FILER NA	ME: Shelley Sekul	a-Gibbs, M.D.			ACCOUNT # (Ethics Commission to
<sub>Date</sub> 3-4-2006	Full name of contributor Reliant Energy, II Contributor address;	out of state PAC ID# C. PAC  City, state, zip code	contr	nount of ibution (\$)	in-kind contribution description (if available)
Principal occup	pation Vob title (See Instruction	ns)	Employer (See Instructions)		<u> </u>
Date 3-4-2006	Full name of contributor Locke Liddell & S Contributor address;	City, state, zip code	contril	ount of bution (\$)	in-kind contribution description (if available)
rincipal occup	ation Job title (See Instruction	s)	Employer (See Instructions)		
Date -4-2006	Full name of contributor Carter & Burgess Contributor address;	City, state, zip code		ount of ution (\$)	In-kind contribution description (if available)
ncipal occupa	tion Vob title (See Instructions	)	Employer (See Instructions)		
Date 4-2006	Full name of contributor HAA Better Govt. F Contributor address;	City, state, zip code	Amou contribu	rtion (\$)	In-kind contribution description (if available)
ncipal occupati	ion Vob title (See Instructions)		Employer (See Instructions)		
l-2006	Full name of contributor Helen Hodges Contributor address;	out ot state PAC ID#	Amour contribut	ion (\$)	In-kind contribution description (if available)
ipal occupatio	on Vob title (See Instructions) Wher		Employer (See Instructions) SSCI-Environmental		

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	on Guide explains how to		•		Total pages this Schedule A:
FILER NAME: Shelley Sekula-Gibbs, M.D.					ACCOUNT # (Ethics Commission filer
Date 3-4-2006	Full name of contributor  Truett Latimer	out ot state PAC ID#		Amount of contribution (\$)	In-kind contribution description (if available)
	Contributor address:	City, state, zip code		\$100.00	
Principal occupa Film	tion Vob title (See Instructions)		Employer (See Truett Latin	Instructions) ner Productions	

			<u> </u>
The Instruction G	uide explains how to complete this form.	1	Fotal pages Schedule F:
FILER NAME:	Shelley Sekula-Gibbs, MD	Δ	ACCOUNT #: (Ethics Commission filer
Date 1/6/2006	Payee name Payee address  Leedy Graphics P.O.Box 680826 Houston, TX 77268		Amount (\$) \$979.66
Purpose of expendi printing	ture (See instructions regarding type of information required.)	** Complete if di Candidate / Office held	rect expenditure to benefit C/OH ** ceholder name Office sought /
Date 1/9/2006	Payee name Payee address T-Mobile P.O.Box 790047 St. Louis, MO 63179-0047		Amount (\$) \$62.76
Purpose of expendit Blackberry serv	ure (See instructions regarding type of information required.)  VICE	** Complete if dire Candidate / Office held	ect expenditure to benefit C/OH ** eholder name Office sought /
Date 1/10/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$102.45
Purpose of expenditumonthly payroll	are (See instructions regarding type of information required.)	** Complete if direct Candidate / Office held	ct expenditure to benefit C/OH ** holder name Office sought /
Date 1/10/2006	Payee name Payee address  Tyler Norman  4146 E. Northhampton  Houston, TX 77098		Amount (\$) \$48.71
Purpose of expenditure Reimbursement	re (See instructions regarding type of information required.) for frames	** Complete if direct Candidate / Officeh held	t expenditure to benefit C/OH ** older name Office sought /
Date 1/13/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$296.34
Purpose of expenditun Campaign payro	e (See instructions regarding type of information required.)	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** older name Office sought /

The Instruction Gu	ide explains how to complete this form.	. ]	Fotal pages Schedule F:
FILER NAME:	Shelley Sekula-Gibbs, MD	Α	ACCOUNT #: (Ethics Commission file
Date 1/13/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	<del>-</del>	Amount (\$) \$54.87
Purpose of expendit payroll taxes	ure (See instructions regarding type of information required.)	** Complete if di Candidate / Offic held	rect expenditure to benefit C/OH ** ceholder name Office sought /
Date 1/13/2006	Payee name Payee address TSU Foundation c/o Dr. Theophilus Herrington, 3100 Cleburne Houston, TX 77004		Amount (\$) \$100.00
Purpose of expenditu contribution	are (See instructions regarding type of information required.)	** Complete if din Candidate / Office held	ect expenditure to benefit C/OH ** eholder name Office sought /
Date 1/13/2006	Payee name Payee address Abbott's Computerized Mailing 7070 W. 43rd St., Suite 101 Houston, TX 77092	·	Amount (\$) \$740.33
Purpose of expenditu postage and ma	re (See instructions regarding type of information required.)  il processing fee	** Complete if dire Candidate / Office held	ct expenditure to benefit C/OH ** holder name Office sought /
Date 1/13/2006	Payee name Payee address River Oaks Business Women's Exchange Tanglewood Mgmt., 1400 Post Oak Blvd., Ste.550 Houston, TX 77056		Amount (\$) \$300.00
Purpose of expenditur nembership due	e (See instructions regarding type of information required.) S	** Complete if direc Candidate / Officel held	t expenditure to benefit C/OH ** nolder name Office sought /
Date 1/13/2006	Payee name Payee address  Lake Houston Pachyderm Club c/o Richard Leofsky, 6207 Hidden Lakes Dr. Kingwood, TX 77345-2202	<u> </u>	Amount (\$) \$40.00
urpose of expenditure	e (See instructions regarding type of information required.)	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** older name Office sought /

			SCHEDULE F
The Instruction G	uide explains how to complete this form.		Total pages Schedule F: 3 of 20
FILER NAME:	Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers
Date 1/17/2006	Payee name Payee address Lowery/Tuvalcaba Fund c/o Wells Fargo Bank, 1600 Highway 146 Seabrook, TX 77586		Amount (\$) \$100.00
Purpose of expendi charitable cont	ture (See instructions regarding type of information required.) ribution	** Complete if of Candidate / Off held	direct expenditure to benefit C/OH ** ficeholder name Office sought /
Date 1/17/2006	Payee name Payee address  Burt Levine 3207 Rimrock Drive Missouri City, TX 77459		Amount (\$) \$300.00
Purpose of expendit professional co	ure (See instructions regarding type of information required.)  Sulting fee	** Complete if di Candidate / Offi held	rect expenditure to benefit C/OH ** iceholder name Office sought /
Date 1/17/2006	Payee name Payee address  Yolanda Caldwell  4021 Elia Lee Lane  Houston, TX 77027		Amount (\$) \$63.49
Purpose of expenditu Reimbursement	re (See instructions regarding type of information required.) for office supplies	** Complete if dir Candidate / Offic held	rect expenditure to benefit C/OH ** reholder name Office sought /
Date 1/27/2006	Payee name Payee address  Yolanda S. Caldwell  4021 Elia Lee Lane Houston, TX 77027		Amount (\$) \$228.56
Purpose of expenditure Campaign payro	re (See instructions regarding type of information required.)	** Complete if dire Candidate / Office held	ect expenditure to benefit C/OH ** cholder name Office sought /
Date 1/27/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$40.97
Purpose of expenditure payroll taxes	e (See instructions regarding type of information required.)	** Complete if direc Candidate / Officei held	et expenditure to benefit C/OH ** nolder name Office sought /

The Instruction G	uide explains how to complete this form.	, T	otal pages Schedule F: 4 of 20
FILER NAME:	Shelley Sekula-Gibbs, MD		CCOUNT #: (Ethics Commission file
Date 1/31/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$7.58
Purpose of expend payroll taxes	iture (See instructions regarding type of information required.)	** Complete if dire Candidate / Office held	ect expenditure to benefit C/OH ** cholder name Office sought /
Date 2/6/2006	Payee name Payee address Lisa Dimond 5210 Lamont Houston, TX 77092		Amount (\$) \$28.39
Purpose of expendi Reimbursemer	ture (See instructions regarding type of information required.) It for picture frames	** Complete if direc Candidate / Officel held	ct expenditure to benefit C/OH ** holder name Office sought /
Date 2/6/2006	Payee name Payee address  Tyler Norman 4146 E. Northhampton Houston, TX 77098		Amount (\$) \$13.52
Purpose of expendit Reimbursemen	ure (See Instructions regarding type of information required.) t for office supplies	** Complete if direct Candidate / Officeh held	t expenditure to benefit C/OH ** older name Office sought /
Date 2/6/2006	Payee name Payee address Houston Livestock Show & Rodeo P.O. Box 20070 Houston, TX 77225-0070		Amount (\$) \$50.00
Purpose of expenditu Advertisement	re (See instructions regarding type of information required.)	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** Office sought /
Date 2/8/2006	Payee name Payee address Antioch Missionary Baptist Church c/o Ken Ducre, 3803 Luca Street Houston, TX 77021		Amount (\$) \$125.00
Purpose of expenditure Advertisement	re (See instructions regarding type of information required.)	** Complete if direct e Candidate / Officebol held	expenditure to benefit C/OH **  Ider name Office sought /

The Instruction G	uide explains how to complete this form.	7	Total pages Schedule F:
FILER NAME:	Shelley Sekula-Gibbs, MD	, A	5 of 20 ACCOUNT #: (Ethics Commission file
Date 2/10/2006	Payee name Payee address Walden & Associates 55 Waugh Dr., Suite 515 Houston, TX 77007		Amount (\$) \$2,500.00
Purpose of expendi Fundraising co	ture (See instructions regarding type of information required.)  nsulting fee	** Complete if dir Candidate / Offic held	rect expenditure to benefit C/OH ** ceholder name Office sought /
Date 2/10/2006	Payee name Payee address T-Mobile P.O. Box 790047 St. Louis, MO 63179-0047		Amount (\$) \$62.76
Purpose of expendit Blackberry ser	ure (See instructions regarding type of information required.) vice	** Complete if din Candidate / Offic held	ect expenditure to benefit C/OH ** eholder name Office sought /
Date 2/14/2006	Payee name Payee address  Burt Levine 3207 Rimrock Drive Missouri City, TX 77459		Amount (\$) \$300.00
Purpose of expendito professional col	are (See instructions regarding type of information required.)  Sulting fee	** Complete if dire Candidate / Office held	ct expenditure to benefit C/OH ** cholder name Office sought /
Date 2/17/2006	Payee name Payee address  Deer Park Youth Baseball P.O. Box 1838 Deer Park, TX 77536		Amount (\$) \$250.00
Purpose of expenditu Team sponsors	re (See instructions regarding type of information required.) hip	** Complete if direc Candidate / Officel held	t expenditure to benefit C/OH ** holder name Office sought /
Date 2/17/2006	Payee name Payee address U.S. Postal Service 14917 El Camino Real Houston, TX 77062-2917		Amount (\$) \$72.00
Purpose of expenditur Dostage	re (See instructions regarding type of information required.)	** Complete if direct Candidate / Officeh held	expenditure to benefit C/OH *** older name Office sought /

			POLITIPOLITY I
The Instruction Gu	tide explains how to complete this form.	To	otal pages Schedule F:
FILER NAME:	Shelley Sekula-Gibbs, MD	AC	6 of 20 COUNT #: (Ethics Commission filer
Date 2/17/2006	Payee name Payee address The Citizen 17511 El Camino Real Houston, TX 77058		Amount (\$) \$36.00
Purpose of expendit subscription	ure (See instructions regarding type of information required.)	** Complete if direc Candidate / Office held	t expenditure to benefit C/OH ** older name Office sought /
Date 2/17/2006	Payee name Payee address Yolanda Caldwell 4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$23.19
Purpose of expenditu Reimbursement	ure (See instructions regarding type of information required.) for greeting cards	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** older name Office sought /
Date 2/17/2006	Payee name Payee address  Republican Party of Galveston County P.O. Box 135 League City, TX 77573		Amount (\$) \$750.00
Purpose of expenditu Contribution for	re (See instructions regarding type of information required.) Lincoln Day Dinner	** Complete if direct of Candidate / Officeho held	expenditure to benefit C/OH ** Ider name Office sought /
Date 2/21/2006	Payee name Payee address  Houston Livestock Show & Rodeo P.O. Box 20070  Houston, TX 77225-0070		Amount (\$) \$350.00
Purpose of expenditur membership due	e (See instructions regarding type of information required.) S	Complete if direct e Candidate / Officehole held	rpenditure to benefit C/OH ** der name Office sought /
Date 2/24/2006	Payee name Payee address  Yolanda S. Caldwell  4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$152.38
Purpose of expenditure  Campaign payrol	(See instructions regarding type of information required.)	** Complete if direct ex Candidate / Officehold held	penditure to benefit C/OH ** er name Office sought /

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The Instruction Gu	ide explains how to complete this form.	Т	otal pages Schedule F: 7 of 20
FILER NAME:	Shelley Sekula-Gibbs, MD	А	CCOUNT #: (Ethics Commission filers)
Date 2/24/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$26.91
Purpose of expendit payroll taxes	ure (See instructions regarding type of information required.)	** Complete if dir Candidate / Office held	rect expenditure to benefit C/OH ** reholder name Office sought /
Date 3/8/2006	Payee name Payee address  Baylor College of Medicine One Baylor Plaza Houston, TX 77030	•	Amount (\$) \$1,000.00
Purpose of expenditon	ure (See instructions regarding type of information required.)	** Complete if dire Candidate / Office held	ect expenditure to benefit C/OH ** eholder name Office sought /
Date 3/8/2006	Payee name Payee address  LULAC District VIII  5207 Airline Drive, Suite 102  Houston, TX 77002		Amount (\$) \$125.00
Purpose of expenditu	re (See instructions regarding type of information required.)	** Complete if dire Candidate / Office held	ct expenditure to benefit C/OH ** cholder name Office sought /
Date 3/8/2006	Payee name Payee address Houston Hispanic Forum 4617 Montrose, Suite C11 Houston, TX 77006		Amount (\$) \$35.00
Purpose of expenditu membership due	re (See instructions regarding type of information required.)	** Complete if direc Candidate / Officel held	ct expenditure to benefit C/OH ** holder name Office sought /
Date 3/8/2006	Payee name Payee address  Jori Zemel Children's Bone Cancer Foundation P.O. Box 87731  Houston, TX 77287		Amount (\$) \$500.00
Purpose of expenditur  Donation	e (See instructions regarding type of information required.)	** Complete if direct Candidate / Officeh heid	t expenditure to benefit C/OH ** older name Office sought /

			SCHEDULE F
The Instruction Gu	ide explains how to complete this form.	Tot	al pages Schedule F: 8 of 20
FILER NAME:	Shelley Sekula-Gibbs, MD	ACC	COUNT #: (Ethics Commission filers
Date 3/8/2006	Payee name Payee address  Baylor College of Medicine One Baylor Plaza Houston, TX 77030		Amount (\$) \$35.00
Purpose of expendit lecture luncheo	cure (See instructions regarding type of information required.)	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** older name Office sought /
Date <b>3/8/2006</b>	Payee name Payee address Lisa Dimond 5210 Lamont Houston, TX 77092		Amount (\$) \$10.80
Purpose of expendith Reimbursement	ure (See instructions regarding type of information required.) If for photofinishing	** Complete if direct e Candidate / Officehol held	expenditure to benefit C/OH ** der name Office sought /
Date 3/8/2006	Payee name Payee address  Yolanda Caldwell  4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$53.73
Purpose of expenditu Reimbursement	re (See instructions regarding type of information required.) for frames, postage	** Complete if direct e Candidate / Officehold held	penditure to benefit C/OH ** ler name Office sought /
Date 3/8/2006	Payee name Payee address  Bay Area Republican Women PAC c/o Ruby Cubley, 15827 Craighurst Dr. Houston, TX 77059-0696		Amount (\$) \$700.00
Purpose of expenditur Contribution for L	e (See instructions regarding type of information required.)  Lincoln Day Dinner	Complete if direct ex Candidate / Officehold held	penditure to benefit C/OH ** er name Office sought /
Date 3/8/2006	Payee name Payee address Walden & Associates 55 Waugh Dr., Suite 515 Houston, TX 77007		Amount (\$) \$2,500.00
Purpose of expenditure Fundraising const	e (See instructions regarding type of information required.)  ulting fee	** Complete if direct exp Candidate / Officeholde held	enditure to benefit C/OH ** r name Office sought /

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The Instruction G	uide explains how to complete this form.	Tot	al pages Schedule F:
FILER NAME:	Shelley Sekula-Gibbs, MD	ACC	COUNT #: (Ethics Commission filer
Date 3/8/2006	Payee name Payee address Harris County Republican Party 3311 Richmond #218 Houston, TX 77098		Amount (\$) \$1,000.00
Purpose of expendi Membership d	iture (See instructions regarding type of information required.) ues- Rep. Leadership Council	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH **  Office sought /
Date 3/8/2006	Payee name Payee address Hispanic Women in Leadership P.O. Box 701065 Houston, TX 77270-1065		Amount (\$) \$50.00
Purpose of expendit	ture (See instructions regarding type of information required.)  JOS	** Complete if direct e Candidate / Officeho held	expenditure to benefit C/OH **  Ider name Office sought /
Date 3/10/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$152.38
Purpose of expendito	ure (See instructions regarding type of information required.)	** Complete if direct es Candidate / Officehole held	penditure to benefit C/OH ** der name Office sought /
Date 3/10/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$26.91
Purpose of expenditu payroll taxes	re (See instructions regarding type of information required.)	** Complete if direct ex Candidate / Officehold held	penditure to benefit C/OH *** er name Office sought /
Date 3/10/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$102.51
Purpose of expenditure monthly payroll f	re (See instructions regarding type of information required.)	** Complete if direct exp Candidate / Officeholds held	enditure to benefit C/OH ** or name Office sought /

The Instruction G	uide explains how to complete this form.	To	tol marca Call 1 1 1 m
			tal pages Schedule F: 10 of 20
TILLER NAIVIE:	Shelley Sekula-Gibbs, MD	AC	COUNT #: (Ethics Commission file
Date 3/21/2006	Payee name Payee address Governor Rick Perry Campaign PMB 217, P.O. Box 2013 Austin, TX 78768-2013		Amount (\$) \$1,000.00
Purpose of expendi contribution	ture (See instructions regarding type of information required.)	** Complete if direc Candidate / Officeh held	expenditure to benefit C/OH ** older name Office sought /
Date 3/21/2006	Payee name Payee address TFRW 900 Congress, Suite 300 Austin, TX 78701		Amount (\$) \$250.00
Purpose of expendit membership du	ture (See instructions regarding type of information required.)  JES	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** older name Office sought /
Date 3/21/2006	Payee name Payee address  Yolanda Caldwell  4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$25.31
Purpose of expendito Reimbursement	ure (See instructions regarding type of information required.)  If for FEDEX overnight	** Complete if direct e Candidate / Officeho held	expenditure to benefit C/OH **  Ider name Office sought /
Date 3/21/2006	Payee name Payee address  Yolanda S. Caldwell  4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$55.41
Purpose of expenditu Campaign payro	re (See instructions regarding type of information required.)	Complete if direct e Candidate / Officehole held	openditure to benefit C/OH **  Jer name Office sought /
Date 3/22/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$9.79
Purpose of expenditures	re (See instructions regarding type of information required.)	** Complete if direct ex Candidate / Officehold held	penditure to benefit C/OH ** er name Office sought /

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The Instruction G	uide explains how to complete this form.	Т	Total pages Schedule F:
FILER NAME:	Shelley Sekula-Gibbs, MD	A	CCOUNT #: (Fithics Commission filer
Date 3/29/2006	Payee name Payee address The Living Bank 4545 Post Oak Place, Suite 315 Houston, TX 77027		Amount (\$) \$1,500.00
Purpose of expendi Contribution - A	ture (See instructions regarding type of information required.)  wards Luncheon	** Complete if dir Candidate / Office held	ect expenditure to benefit C/OH ** cholder name Office sought /
Date 3/29/2006	Payee name Payee address Tyler Norman 4146 E. Northhampton Houston, TX 77098		Amount (\$) \$58.43
Purpose of expendit Reimbursemen	ure (See instructions regarding type of information required.) If for refreshments	** Complete if dire Candidate / Office held	ect expenditure to benefit C/OH ** cholder name Office sought /
Date 3/29/2006	Payee name Payee address  Yolanda Caldwell 4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$25.31
Purpose of expenditu Reimbursement	ire (See instructions regarding type of information required.) for refreshments	** Complete if direc Candidate / Officel held	t expenditure to benefit C/OH ** holder name Office sought /
Date 4/4/2006	Payee name Payee address  Jose Pulido 24218 Hamptonshire Lane Katy, TX 77494		Amount (\$) \$8.00
Purpose of expenditu Reimbursement	re (See instructions regarding type of information required.) for parking fee	** Complete if direct Candidate / Officeh held	expenditure to benefit C/OH *** older name Office sought /
Date 4/4/2006	Payee name Payee address  Magic Circle Republican Women 2337 Underwood Houston, TX 77030		Amount (\$) \$100.00
Purpose of expenditur Advertisement in	e (See instructions regarding type of information required.)  directory	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** older name Office sought /

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The Instruction G	uide explains how to complete this form.	Т	otal pages Schedule F: 12 of 20
FILER NAME:	Shelley Sekula-Gibbs, MD	A	CCOUNT #: (Ethics Commission file
Date 4/7/2006	Payee name Payee address Houston Professional Women 803 Birchview Court Pearland, TX 77684		Amount (\$) \$25.00
Purpose of expend membership d	iture (See instructions regarding type of information required.)	** Complete if dire Candidate / Office held	ect expenditure to benefit C/OH ** eholder name Office sought /
Date 4/7/2006	Payee name Payee address  Houston Realty Breakfast Club P.O. Box 27095  Houston, TX 77227-7095		Amount (\$) \$180.00
Purpose of expendit	ture (See instructions regarding type of information required.)  JES	** Complete if direct Candidate / Office held	ct expenditure to benefit C/OH ** holder name Office sought /
Date 4/7/2006	Payee name Payee address  Greater Houston Pachyderm Club P.O. Box 22531 Houston, TX 77227		Amount (\$) \$100.00
Purpose of expending membership du	ure (See instructions regarding type of information required.)	** Complete if direc Candidate / Officeh held	t expenditure to benefit C/OH ** older name Office sought /
Date 4/7/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$69.26
Purpose of expenditu Campaign payro	are (See instructions regarding type of information required.)	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** Older name Office sought /
Date 4/7/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$12.24
Ourpose of expenditures	I	** Complete if direct e Candidate / Officehol held	expenditure to benefit C/OH **  Ider name Office sought /

		<u> </u>	SCHEDULE F
The Instruction G	uide explains how to complete this form.	Tot	al pages Schedule F:
FILER NAME:	Shelley Sekula-Gibbs, MD	ACC	COUNT #: (Ethics Commission filers
Date 4/10/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$109.01
Purpose of expendi monthly payro	ture (See instructions regarding type of information required.)	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** Office sought /
Date 4/21/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$290.17
Purpose of expendit	ure (See instructions regarding type of information required.)	** Complete if direct e Candidate / Officehol held	xpenditure to benefit C/OH ** der name Office sought /
Date 4/21/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$52.11
Purpose of expenditu payroll taxes	are (See instructions regarding type of information required.)	** Complete if direct ex Candidate / Officehold held	penditure to benefit C/OH ** ler name Office sought /
Date 4/26/2006	Payee name Payee address Lisa Dimond 5210 Lamont Houston, TX 77092		Amount (\$) \$18.00
Purpose of expenditure Reimbursement	re (See instructions regarding type of information required.) for media directory	Complete if direct ex Candidate / Officehold held	penditure to benefit C/OH ** er name Office sought /
Date 4/26/2006	Payee name Payee address  Spirit of Freedom Republican Club 1111 Horseshoe Sugar Land, TX 77478		Amount (\$) \$90.00
Purpose of expenditure Contribution for fu	e (See instructions regarding type of information required.) undraising dinner	** Complete if direct exp Candidate / Officeholder held	enditure to benefit C/OH ** r name Office sought /

			- CHEDULE F
The Instruction Gu	ide explains how to complete this form.		Fotal pages Schedule F:
FILER NAME	Shelley Sekula-Gibbs, MD		ACCOUNT #: (Ethics Commission filers)
Date 5/1/2006	Payee name Payee address Cheryl Johnson Campaign Post Office Box 555 Friendswood, TX 77549-0555	1	Amount (\$) \$500.00
Purpose of expendit contribution	ture (See instructions regarding type of information required.)	** Complete if di Candidate / Offi held	rect expenditure to benefit C/OH ** ceholder name Office sought /
Date 5/1/2006	Payee name Payee address Ken Clark Campaign P.O. Box 1684 League City, TX 77573		Amount (\$) \$500.00
Purpose of expenditu contribution	ure (See instructions regarding type of information required.)	** Complete if dir Candidate / Offic held	rect expenditure to benefit C/OH ** reholder name Office sought /
Date 5/1/2006	Payee name Payee address  Swann for Governor  P.O. Box 3501  Pittsburg, PA 15230-3501	,	Amount (\$) \$500.00
Purpose of expenditu	re (See instructions regarding type of information required.)	** Complete if dire Candidate / Office held	ect expenditure to benefit C/OH ** eholder name Office sought /
Date 5/2/2006	Payee name Payee address The Justice Foundation P.O. Box 2606 Houston, TX 77252		Amount (\$) \$750.00
Purpose of expenditure 2006 Gala contri	re (See instructions regarding type of information required.) bution	** Complete if direct Candidate / Office held	ct expenditure to benefit C/OH ** holder name Office sought /
Date 5/4/2006	Payee name Payee address  Daughters of Liberty 7902 Oakington Houston, TX 77071		Amount (\$) \$15.00
Purpose of expenditure Day of Prayer Lu	e (See instructions regarding type of information required.)	** Complete if direct Candidate / Officel held	t expenditure to benefit C/OH ** colder name Office sought /

The Instruction Guid	le explains how to complete this form.	Tot	al pages Schedule F:
FILER NAME: S	helley Sekula-Gibbs, MD	ACC	COUNT #: (Ethics Commission filers)
Date 5/4/2006	Payee name Payee address Felicia Kyle Campaign 3112 E. Sumac Pearland, TX 77684		Amount (\$) \$250.00
Purpose of expenditu contribution	re (See instructions regarding type of information required.)	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** older name Office sought /
Date 5/5/2006	Payee name Payee address  National Republican Senatorial Committee 425 2nd Street NE Washington, D.C. 20002		Amount (\$) \$200.00
Purpose of expenditu contribution	re (See instructions regarding type of information required.)	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** older name Office sought /
Date 5/5/2006	Payee name Payee address  Yolanda Caldwell  4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$364.05
	re (See instructions regarding type of information required.) for toner cartridges & cards	** Complete if direct of Candidate / Officeho held	expenditure to benefit C/OH **  Ider name Office sought /
Date 5/5/2006	Payee name Payee address  Yolanda S. Caldwell  4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$235.49
Purpose of expenditur Campaign payro	e (See instructions regarding type of information required.)	** Complete if direct of Candidate / Officehol held	expenditure to benefit C/OH **  der name Office sought /
Date 5/5/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703	•	Amount (\$) \$41.60
Purpose of expenditure payroll taxes	e (See instructions regarding type of information required.)	** Complete if direct e Candidate / Officehol held	xpenditure to benefit C/OH ** der name Office sought /

The Instruction G	uide explains how to complete this form.	To	otal pages Schedule F:
FILER NAME:	Shelley Sekula-Gibbs, MD	AC	CCOUNT #: (Ethics Commission file
Date 5/9/2006	Payee name Payee address  Jackie Mayhorn Campaign 5401 Van Landt Houston, TX 77016		Amount (\$) \$250.00
Purpose of expending contribution	iture (See instructions regarding type of information required.)	** Complete if direc Candidate / Officel held	at expenditure to benefit C/OH *** nolder name Office sought /
Date 5/10/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$102.51
Purpose of expendi monthly payrol	ture (See instructions regarding type of information required.)  I fee	** Complete if direct Candidate / Officeh held	expenditure to benefit C/OH ** older name Office sought /
Date 5/15/2006	Payee name Payee address TFRW PAC 900 Congress, Suite 300 Austin, TX 78701		Amount (\$) \$1,000.00
Purpose of expendit contribution	ure (See Instructions regarding type of information required.)	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** older name Office sought /
Date 5/19/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$256.27
Purpose of expenditu Campaign payre	ure (See instructions regarding type of information required.)	** Complete if direct of Candidate / Officehold	expenditure to benefit C/OH **  Ider name Office sought /
Date 5/19/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$45.26
Purpose of expenditure Dayroll taxes	re (See instructions regarding type of information required.)	** Complete if direct es Candidate / Officehold held	openditure to benefit C/OH ** der name Office sought /

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The Instruction Gr	uide explains how to complete this form.	То	tal pages Schedule F:
FILER NAME:	Shelley Sekula-Gibbs, MD	AC	COUNT #: (Ethics Commission filers
Date 5/26/2006	Payee name Payee address  Texas Federation of Black Republicans P.O. Box 6585  Houston, TX 77265		Amount (\$) \$250.00
Purpose of expending Advertisement	ture (See instructions regarding type of information required.) - full page ad	** Complete if direct Candidate / Officeh held	expenditure to benefit C/OH ** older name Office sought /
Date 5/26/2006	Payee name Payee address Texas Tea Party Republican Women 17719 Fireside Drive Spring, TX 77379		Amount (\$) \$25.00
Purpose of expendit Membership du	ure (See instructions regarding type of information required.) ICS	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** older name Office sought /
Date 5/26/2006	Payee name Payee address  League of Women Voters 2650 Fountain View, Suite 328  Houston, TX 77057		Amount (\$) \$50.00
Purpose of expenditu membership due	ire (See instructions regarding type of information required.)	** Complete if direct e Candidate / Officehol held	expenditure to benefit C/OH ** der name Office sought /
Date 5/26/2006	Payee name Payee address  Village Republican Women 3010 Shadowdale Dr.  Houston, TX 77043		Amount (\$) \$15.00
Purpose of expenditure Membership due	re (See instructions regarding type of information required.)	** Complete if direct ex Cándidate / Officehold held	penditure to benefit C/OH ** der name Office sought /
Date 6/1/2006	Payee name Payee address Barbara Meeks Campaign 2401 Intrepid Way League City, TX 77573		Amount (\$) \$500.00
Purpose of expenditur contribution	e (See instructions regarding type of information required.)	** Complete if direct ex Candidate / Officehold held	penditure to benefit C/OH ** er name Office sought /

	Guide explains how to complete this form.	T	otal pages Schedule F: 18 of 20
FILER NAME:	Shelley Sekula-Gibbs, MD	Α	CCOUNT #: (Ethics Commission fi
Date 6/1/2006	Payee name Payee address T-Mobile P.O. Box 790047 St. Louis, MO 63179-0047		Amount (\$) \$129.28
Purpose of expendence Blackberry se	diture (See instructions regarding type of information required.)  Prvice	** Complete if dire Candidate / Office held	ect expenditure to benefit C/OH ** eholder name Office sought /
Date 6/2/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$34.63
Purpose of expend Campaign pay	iture (See instructions regarding type of information required.)  YOU	** Complete if direc Candidate / Office held	ct expenditure to benefit C/OH ** holder name Office sought /
Date 6/2/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$6.12
Purpose of expendi Dayroll taxes	ture (See instructions regarding type of information required.)	** Complete if direct Candidate / Officeh held	t expenditure to benefit C/OH ** older name Office sought /
Date 6/6/2006	Payee name Payee address  Jewish Herald Voice P.O. Box 153 Houston, TX 77001-0153		Amount (\$) \$410.00
urpose of expendit	ure (See instructions regarding type of information required.) - Passover edition	** Complete if direct Candidate / Officeho held	expenditure to benefit C/OH ** older name Office sought /
Date 6/7/2006	Payee name Payee address  Karen Gill  P.O. Box 555  Hungerford, TX		Amount (\$) \$7.00
urpose of expenditu eimbursement	re (See instructions regarding type of information required.) for parking fee	** Complete if direct e Candidate / Officehol held	expenditure to benefit C/OH ** der name Office sought /

The Instruction G	uide explains how to complete this form.		Total pages Schedule F:
FILER NAME:	Shelley Sekula-Gibbs, MD		19 of 20
		<del></del> !	ACCOUNT #: (Ethics Commission file
Date 6/7/2006	Payee name Payee address  Yolanda Caldwell  4021 Ella Lee Lane Houston, TX 77027		Amount (\$) \$30.23
Purpose of expending Reimbursemen	iture (See instructions regarding type of information required.)  Int for coffee pot & parking	** Complete if c Candidate / Of held	direct expenditure to benefit C/OH ** ficeholder name Office sought /
Date 6/12/2006	Payee name Payee address Paychex 11777 Katy Freeway, Ste. 200 Houston, TX 77079-1703		Amount (\$) \$165.95
Purpose of expendite monthly payrol	ture (See instructions regarding type of information required.)	** Complete if di Candidate / Offi held	irect expenditure to benefit C/OH ** iceholder name Office sought /
Date 6/26/2006	Payee name Payee address  Jewish Herald Voice P.O. Box 153  Houston, TX 77001-0153		, Amount (\$) \$40.00
Purpose of expenditu SUBSCRIPTION	ure (See instructions regarding type of information required.)	** Complete if dir Candidate / Offic held	rect expenditure to benefit C/OH ** ceholder name Office sought /
Date 6/26/2006	Payee name Payee address  Cingular 2321 University Lubbock, TX 79415-1717		Amount (\$) \$201.43
Purpose of expenditu Service for Black	re (See instructions regarding type of information required.)  KDETTIES	** Complete if dire Candidate / Office held	ect expenditure to benefit C/OH *** cholder name Office sought /
Date 6/26/2006	Payee name Payee address Human Point Resources 7520 Hornwood Dr., #901 Houston, TX 77036	<u> </u>	Amount (\$) \$300.00
Purpose of expenditur web updates	e (See instructions regarding type of information required.)	** Complete if direction of the complete in the co	ct expenditure to benefit C/OH ** holder name Office sought /

The Instruction Gui	de explains how to complete this form.		Tota	l pages Schedule F:
FILER NAME: S	helley Sekula-Gibbs, MD		ACC	OUNT #: (Ethles Commission filers
Date 6/30/2006	Payee name Payee address Yolanda S. Caldwell 4021 Ella Lee Lane Houston, TX 77027		<u> </u>	Amount (\$) \$76.20
Purpose of expenditu	re (See instructions regarding type of information required.)	** Complete if Candidate / Of held	direct ex fficeholo	spenditure to benefit C/OH ** der name Office sought /
Date 6/30/2006	Payee name Payee address Advantage 4300 Weaver Parkway Warrenville, IL 60555			Amount (\$) \$26.54
Purpose of expenditure payroll taxes	re (See instructions regarding type of information required.)	** Complete if d Candidate / Off held	lirect exp ficehold	penditure to benefit C/OH ** er name Office sought /
Date 6/30/2006	Payee name Payee address Advantage 4300 Weaver Parkway Warrenville, IL 60555			Amount (\$) \$51.86
Purpose of expenditur monthly payroll for	e (See instructions regarding type of information required.)	** Complete if di Candidate / Offi held	irect exp iceholde	enditure to benefit C/OH ** er name Office sought /